Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: 2010 Cancer Expense Rate SERFF Tr Num: UNUM-126498952 State: Arkansas

Increase

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 44841

- Limited Benefit Closed

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: 2010 CANCER State Status: Approved-Closed

Only EXPENSE RATE INCREASE

Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: Cathy Brooks, Angela Parker, Lauren Sease, Annette Smith, Tyra Marshall, Jessica

Reece

Date Submitted: 02/12/2010 Disposition Status: Approved-

Closed

Disposition Date: 02/17/2010

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Cancer Expense Rate Increase Status of Filing in Domicile: Pending

Project Number: 2010 Cancer Expense Rate Increase

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 30%

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 02/17/2010 Explanation for Other Group Market Type:

State Status Changed: 02/17/2010

Deemer Date: Created By: Annette Smith

Submitted By: Annette Smith Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval are revised rates for the above captioned policy forms reflecting a rate increase of 30%. These individual cancer policy forms were approved by your department on 02/10/1989.

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Upon approval of the revised rates, each policyholder will receive notice at least 31 days prior to the policy anniversary date.

The filing fee of \$50.00 has been submitted by SERFF/EFT.

Company and Contact

Filing Contact Information

Annette Smith, Contrat Analyst absmith@unum.com 1200 Colonial Life Boulevard 803-213-7272 [Phone]

PO Box 1365

Columbia, SC 29202

Filing Company Information

Colonial Life & Accident Insurance Company CoCode: 62049 State of Domicile: South Carolina

1200 Colonial Life Boulevard Group Code: 565 Company Type:
Post Office Box 1365 Group Name: State ID Number:

Columbia, SC 29202 FEIN Number: 57-0144607

(803) 798-7000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: (1) Actuarial Memorandum

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Colonial Life & Accident Insurance Company \$50.00 02/12/2010 34160615

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted		
Approved-	Rosalind Minor	02/17/2010	02/17/2010		

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Disposition

Disposition Date: 02/17/2010

Implementation Date: Status: Approved-Closed

Comment:

We have approved your request of a 30% level rate increase on this submission. The approval is subject to the following conditions:

- 1. Rate increases will not be given prior to the first annual anniversary date of any policy.
- 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
- 3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
Colonial Life & Accident	30.000%	30.000%	\$3,258	24	\$10,860	%	%
Insurance Company							

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Schedule Item Schedule Item Status Public Access

Supporting DocumentHealth - Actuarial JustificationApproved-ClosedNoSupporting DocumentSubmission LetterApproved-ClosedYes

SERFF Tracking Number: UNUM-126498952 State: Arkansas State Tracking Number: 44841

Filing Company: Colonial Life & Accident Insurance Company

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 100.000%

Effective Date of Last Rate Revision: 09/21/2001

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
Colonial Life & Accident	30.000%	30.000%	\$3,258	24	\$10,860	%	%

Company Tracking Number: 2010 CANCER EXPENSE RATE INCREASE

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: 2010 Cancer Expense Rate Increase

Project Name/Number: 2010 Cancer Expense Rate Increase/2010 Cancer Expense Rate Increase

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Submission Letter Approved-Closed 02/17/2010

Comments:

Attachment:

Cancer Expense submission letter - AR.pdf



Colonial Life & Accident Insurance Company

1200 Colonial Life Boulevard Columbia, SC 29210 803.798.7000 coloniallife.com

February 12 2010

Julia Benafield Bowman Commissioner Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201-1904

RE: NAIC#/Group: 62049 / 0565

Insurer: Colonial Life & Accident Insurance Company

Filing Type: Rate Increase

Form(s): Form 125CE and Form 125CES

Dear Commissioner Bowman:

Enclosed for your review and approval are revised rates for the above captioned policy forms reflecting a rate increase of 30%. These individual cancer policy forms were approved by your department on 02/10/1989.

Upon approval of the revised rates, each policyholder will receive notice at least 31 days prior to the policy anniversary date.

The filing fee of \$50.00 has been submitted by SERFF/EFT.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6676. My email address is absmith@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

Annette B. Smith

Sr. Compliance Contract Consultant

wette B. Smith